

# EXHIBIT 106

Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Luz Enciso Ocasio Ceballos  
Participant's Address: P.O. Box 43002 PNB93RiO Grande P.R. 00745  
Participant's Email Address: luzocceballos@gmail.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 145224  
Nature of Claim: Reclamaci3n de dinero dejado de cobrar  
By: Luz E. Ocasio Ceballos  
Signature  
Print Name Luz E. Ocasio Ceballos

Title (if Participant is not an individual)

8 de agosto de 2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Luz Eneida Acasio Ceballos

Participant's Address:

P.O. Box 43002 P.R. 93810 Grand, P.R. 00745

Participant's Email Address:

luzceballos@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

155329

Nature of Claim:

Reclamacion de dinero digno de cobrar

By:

Luz E. Acasio Ceballos  
Signature

Print Name

Luz E. Acasio Ceballos

Title (if Participant is not an individual)

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Date

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